

Environmental Services - Water Quality
Onsite Wastewater Scan Data Entry Form

PERMIT #: 0040944

PIN #: 1822514534

OP DATE: 10/16/2007

SYSTEM USE:

- ☒ House
☐ Mobile Home
☐ Business
☐ Other

SEWAGE TYPE:

- ☒ Domestic
☐ Industrial

PUMP/SIPHON?:

- ☐ Yes
☒ No

PRESSURE MANIFOLD:

- ☐ Yes
☒ No

SYSTEM TYPE:

- ☐ I
☐ II
☒ III
☐ IV
☐ V
☐ VI
☐ Other

SUB TYPE:

- ☐ A
☐ B
☐ C
☐ D
☐ E
☐ F
☒ G

NBR BEDROOMS:

- ☐ 1
☐ 2
☐ 3
☐ 4
☒ 5
☐ 6
☐ Other

MAINT. SCHEDULE:

- ☐ Yes
☒ No

CERT. OPERATOR

- ☐ Yes
☒ No

GT ST PT SIZE

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------|
| ☐ | ☐ | | 750 |
| ☐ | ☐ | ☐ | 900 |
| ☐ | ☐ | ☐ | 1,000 |
| ☐ | ☐ | ☐ | 1,200 |
| ☐ | ☒ | ☐ | 1,500 |
| ☐ | ☐ | ☐ | 1,800 |
| ☐ | ☐ | ☐ | 2,100 |
| ☐ | ☐ | ☐ | 2,500 |
| ☐ | ☐ | ☐ | 3,000 |
| ☐ | ☐ | ☐ | 4,000 |
| ☐ | ☐ | ☐ | 5,000 |
| ☐ | ☐ | ☐ | 8,000 |
| ☐ | ☐ | ☐ | 10,000 |
| ☐ | ☐ | ☐ | Other |
| ☒ | | ☒ | None/NA GT or PT |

DRAINFIELD SIZE(SQ. FT.)

01650

DRAIN TYPE:

- ☐ Stone
☒ EZ Flow
☐ Infiltrator
☐ Biodiffuser
☐ Cultec
☐ Drip
☐ Hancor
☐ Large Dia. Pipe
☐ Multi-Pipe
☐ Other

MAX DEPTH (IN.):

- ☐ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☐ 26 in. or less
☐ 28 in. or less
☐ 30 in. or less
☐ 32 in. or less
☒ 36 in. or less
☐ Other

STONE DEPTH (IN.):

- ☐ 8 in. or less
☒ 12 in. or less
☐ 18 in. or less
☐ 24 in. or less
☐ Other

TRENCHES:

- ☒ Individual
☐ Bed

TRENCH WIDTH (IN.):

- ☐ 12 in. or less
☐ 18 in.
☐ 24 in.
☒ 36 in.
☐ 6 ft. or less
☐ 9 ft. or less
☐ Other

bw 1/27/14

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMIT

NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED

PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

PERMIT#: **D040944** STATUS: **A** APP. DATE: **10/02/2007** BLDG. PERMIT#: _____
PIN: **1822.04 51 4534 000** TAX MAP: **0181 0000** RECORDED: **Y** ORIG. PERMIT#: **D28927**
TOWNSHIP: **14 NEW LIGHT** JURISDICTION: **WC** ZONING: _____
APPLICANT: **HOMESTEAD BUILDERS**
7001 SHADY GLEN LN
WAKE FOREST, NC 27587
(919) 333 - 1004
USE: **HD USE: 436B RESIDENTIAL ATTACHED GARA**
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: **BEDROOMS: 5 BASEMENT: N #EMPLOYEES: 0**
SITE: **ADDRESS: 7001 SHADY GLEN LN**
SUBDIVISION: LOT: ACRES: 1.77
DIRECTION: **SIX FORKS NORTH, RT ON 98. LEFT ON STONY HILL.**
RT ON PURNELL. RT ON ONEAL SUB ON LEFT.

Well System: WATER: INDIVIDUAL TYPE: EXISTING

WELL LOG INFORMATION: DEPTH: _____ CASING DEPTH: _____ YIELD: _____ STATIC LEVEL: _____
WELL CONTRACTOR: _____ REG.# _____ PUMP CONTRACTOR: _____ REG.# _____
Construction Compliance GROUT APPROVED ☐ DATE _____ EHS _____
WELLHEAD APPROVED ☐ DATE _____ EHS _____
SYSTEM FINALIZED ☐ DATE _____ EHS _____

COMMENTS: _____

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER: _____
INSTALLED BY: JC Madden INSTALLATION APPROVED BY: Congy
PROPRIETARY SYSTEM: _____ FILTER NO: EX151
COMMENTS: _____

OPERATIONS PERMIT ISSUED? Y OP DATE: 10/16/07 BY: _____

This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is also not responsible for concealed conditions on the property or for statements in this report that may have resulted from false or misleading statements provided to him in the application. Neither Wake County nor the Environmental Health Specialist warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

As Built Information:

Date: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: 50' EXIST
ST: 1500 gals ID#: EX151 D.O.M.: _____ Elev.: _____ Distance to Well: >100'
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: 3'8" Supply Line: 70 ft. Pump/Control Panel: _____
Line 1: 6'10" Date: 10-16 Line 6: _____ Date: _____
Line 2: 7'8" 7'9" 7'9" Date: ↓ Line 7: _____ Date: _____
Line 3: 9' 9'1" 9' Date: ↓ Line 8: _____ Date: _____
Line 4: 11' 11' _____ Date: ↓ Line 9: _____ Date: _____
Line 5: _____ Date: _____ Line 10: _____ Date: _____
Distance to P/L: 12-0-00x Notes: _____

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMIT

NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED

UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED

PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

PERMIT#: D040944 STATUS: A APP. DATE: 10/02/2007 BLDG. PERMIT#: 0081046
PIN: 1822.04 51 4534 000 TAX MAP: 0181 0000 RECORDED: Y ORIG. PERMIT#: D28927
TOWNSHIP: 14 NEW LIGHT JURISDICTION: WC ZONING:
APPLICANT: HOMESTEAD BUILDERS
7001 SHADY GLEN LN
WAKE FOREST, NC 27587
(919) 333 - 1004
USE: HD USE: 436B RESIDENTIAL ATTACHED GARA
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: BEDROOMS: 5 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN: Y
SITE: ADDRESS: 7001 SHADY GLEN LN
SUBDIVISION: LOT: ACRES: 1.77
DIRECTION: SIX FORKS NORTH, RT ON 98. LEFT ON STONY HILL.
RT ON PURNELL. RT ON ONEAL SUB ON LEFT.

IMPROVEMENT PERMIT

TANK SIZE: EXIST gal. PUMP Tank: ____ gal. SQ FT: 1650 INNOVATIVE MAX DEPTH LINE: 36 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: III G PUMP: N P/M: N
DAILY FLOW: 600 gal/day DESIGN FEE REQ?: PAID?: WATER: INDIVIDUAL

COMMENTS:

IP ISSUED? DATE: BY: () SFM / CWF PHONE#:

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS:

Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. An Accepted Status System may be used in place of conventional system, if it can be placed in the permitted/authorized trench footprint (except reduction in line length and/or number as allowed for in approval) and the installation is in accordance with the accepted system approval, without unauthorized product alteration. If permit required use of an Accepted Status System, substitution with another accepted status system may be made, as long as no changes are necessary in the location of each nitrification line (including any increase in line length), trench depth or effluent distribution method. If changes are necessary, prior approval by this office is required before system installation. **OTHER CONDITIONS:**

LOWEST LINE OF EXISTING SYSTEM IS SAVED AND WILL NOW BE TOP LINE. CUT OFF 4 OTHER LINES 7 FT FROM ADDITION AND DAM WITH BENTONITE OR CONCRETE. SET NEW D BOX AND ADD 4 110 FT ACCEPTED STATUS LINES (25% REDUCTION ALREADY TAKEN). LINE 3 WILL BE SLIGHTLY OFF CONTOUR TO AVOID HAVING TO MOVE FREE STANDING BUILDING. FOLLOW FIELD FLAGS AND SCARIFY TRENCH WALLS. EXISTING TANK WILL BE USED. CALL WITH QUESTIONS.

TANK SIZE: EXIST gal. PUMP TANK: ____ gal. SQ FT: 1650 INNOVATIVE MAX DEPTH LINE: 36 in.
MAINT: N OPER: N L/O: Y TRENCH#: 4 LENGTH: 110 ft. WIDTH: 36 in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 10/03/2007 BY: (CWF) [Signature] PHONE#: 625-5967

0000000000

LINE TABLE		
LINE	LENGTH	BEARING
L1	22.94	N17°04'49"E
L2	67.08	S59°04'16"E
L3	32.06'	N40°40'07"E

PINH: 1822-04514534

I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structures in accordance with this plot plan may require the relocation of structure(s) regardless degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

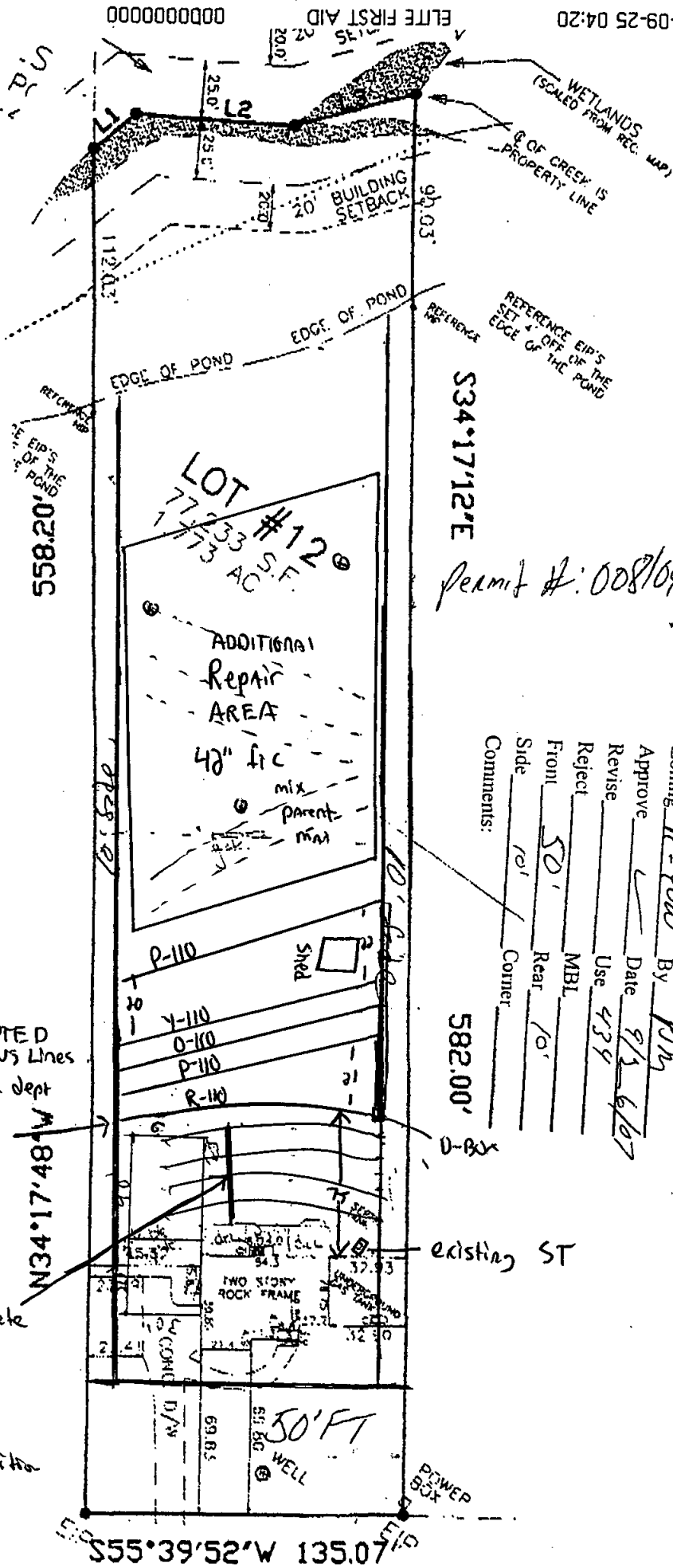
Robert Sellers
Signature of Owner or Authorized Agent

~~SIE MANGUM~~
~~PG. 440~~
~~41-8725~~

[illegible]

Bentonite
Clay / Concrete
Dam
15' Away
from additional

Scale
1" = 60'



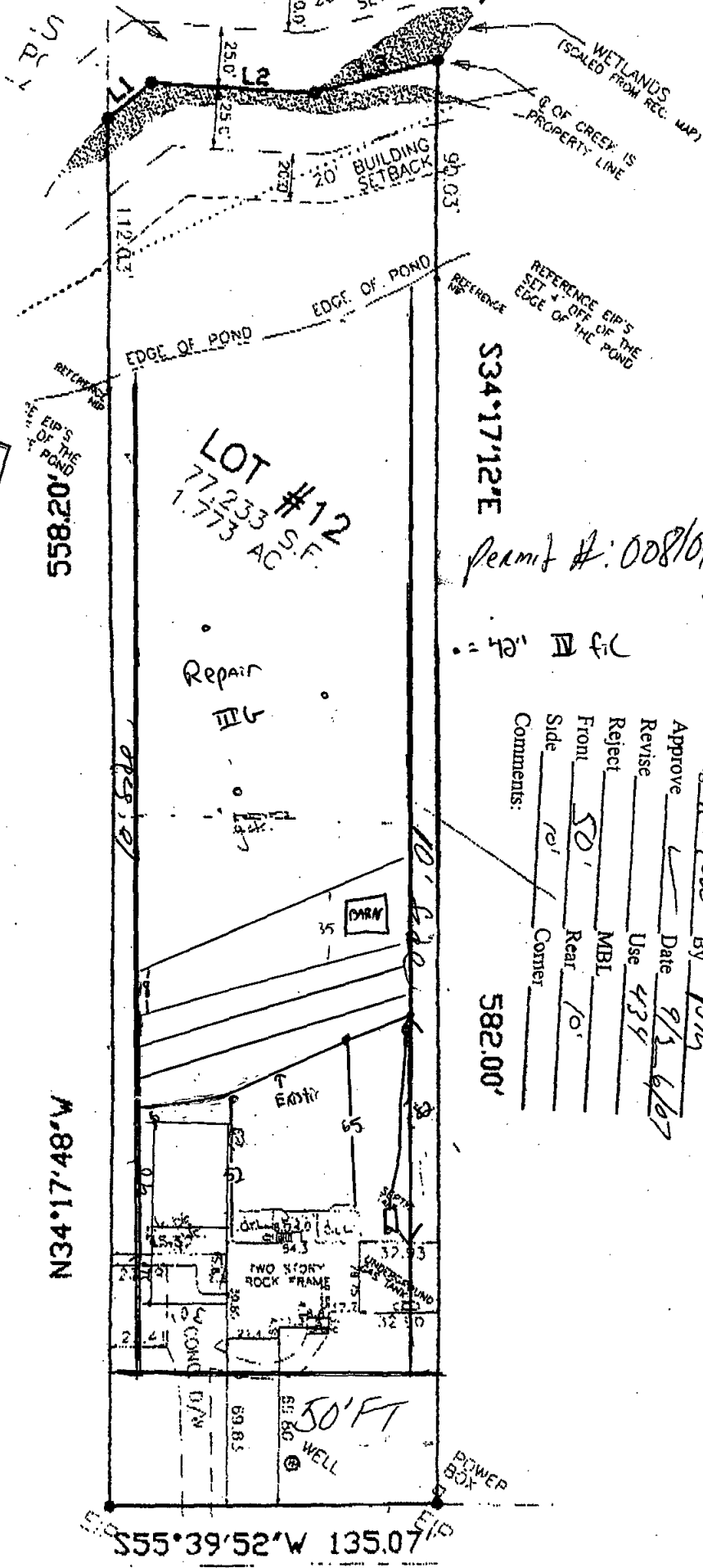
Permit #: 008/046

Zoning 11-You By PLM
 Approve ✓ Date 9/26/07
 Revise _____ Use 439
 Reject _____ MBL _____
 From 50' Rear 10'
 Side 10' Corner _____
 Comments: /

7001 SHADY GLEN LANE S.D. R/W

LINE TABLE		
LINE	LENGTH	BEARING
L1	22.94	N17°04'49"E
L2	67.08	N59°04'18"E
L3	52.06	N40°40'07"E

5.2' 1



PINH: 1822-04514534

I certify that the location of planned or existing structure(s) are accurately shown. I understand failure to locate structures in accordance with this plot plan may require the relocation of structure(s) regardless degree of completion. I hereby grant permission to Municipal/County Representatives the right of entry to make evaluations or inspections upon this property.

Signature of Owner or Authorized Agent

S34°17'12"E

Permit #: 008/046

42' IV f/c

Zoning R-100 By BM

Approve ✓ Date 9/3/07

Revise Use 434

Reject MBL

From 50' Real 10'

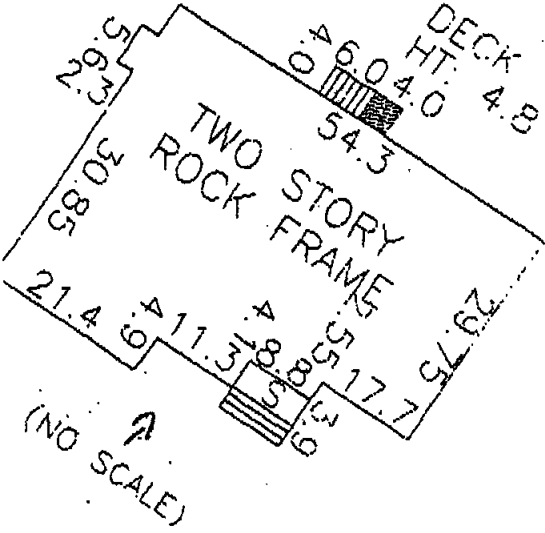
Side 10' Corner 582.00'

Comments:

~~SIE MANGUM~~

~~PG. 440~~

~~41-8725~~



Scale

1" = 60'

N34°17'48"W

S55°39'52"W 135.07'

7001 SHADY GLEN LANE